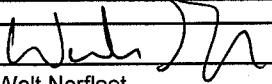


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/014,991-Conf. #4207
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 11, 2001
TOTAL AMOUNT OF PAYMENT (\$ 810.00)		First Named Inventor	Gregory E. Sancoff
		Examiner Name	V. Q. Bui
		Art Unit	3773
		Attorney Docket No.	D0188.70162US01

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$)
							52 26
							220 110
							390 195
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
13 - 54 or HP		x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20. _____							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
2 - 17 or HP		x	=				
HP = highest number of independent claims paid for, if greater than 3. _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =		/50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)							

SUBMITTED BY	
Signature	
Name (Print/Type)	Walt Norfleet
Registration No. (Attorney/Agent)	52,078
Telephone	617.646.8000
Date	6/30/16

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: 	Electronic Signature for Delina A. Ranucci: /Delina A. Ranucci/